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	(Requesto	or's Name)	
	(Address)		
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	(City/State	e/Zip/Phone #)
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COVER LETTER

TO: Registration Sea Division of Cor			-
SUBJECT: Sue G	anter, LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
Sue Gant	er		
	(î	Name of Person)	
Sue Gante			
	(Firm/Company)	
2035 14tl	h Street South		
		(Address)	_
St. Peters	sburg, FL 3370		
	(City)	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Sue Ganter		at (727) 459-709	92
	of Person)	at (727) 459-709 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for	r the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The same of the Limited Liebility Common	
The name of the Limited Liability Company	/ IS:
Sue Ganter, LLC	
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2035 14th Street South	2035 14th Street South
St. Petersburg, FL 33705	St. Petersburg, FL 33705
business entity with an active Florida registration.) The name and the Florida street address of the Sue Ganter Na 2035 14th Street So	ame
St. Petersburg	FL 33705
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing M	(amhar	
MOMM — Managing M	ember	
MGRM	Sue Ganter	with the
	2035 14th Street South	•
	St. Petersburg, FL 33705	
· · · · · · · · · · · · · · · · · · ·		
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		•
or 90 days after the date of fili	ng.)	
REQUIRED SIGNATUL	RE:	
	1/4 Toler	
Signature	e of a member or an authorized representative of a member.	-
(In accord	dance with section 608.408(3), Florida Statutes, the execution	
of this do	ocument constitutes an affirmation under the penalties of periury	,
that the	e facts stated herein are true.)	<u>.</u>
Sue Ga		_
	Typed or printed name of signee	7
Filing Fees:	· · · · · · · · · · · · · · · · · · ·	
		
	icles of Organization and Designation	
of Registered Age \$ 30.00 Certified Copy (O		
\$ 5.00 Certificate of Stat		